

<p style="text-align: center;">CHANGE OF CORRESPONDENCE ADDRESS Application</p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Application Number	10/658,116
	Filing Date	September 8, 2003
	First Named Inventor	Willis, John P.
	Art Unit	3763
	Examiner Name	Stigell, T.
	Attorney Docket No.	VALT-004-102

<p>Please change the Correspondence Address for the above-identified application to:</p>			
<p><input checked="" type="checkbox"/> The address associated with Customer Number: 75436</p>			
<p>OR</p>			
<input type="checkbox"/> Firm or Individual Name	Lisa M. Treannie, Esq. Morse, Barnes-Brown & Pendleton, P.C.		
Address	Reservoir Place 1601 Trapelo Road, Suite 205		
City	Waltham	State	MA
Country	USA		
Telephone	781-622-5930	Email	
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p>			
<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34. Registration Number 41,368</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p>			
<p>Signature </p>			
<p>Typed or Printed Name Lisa M. Treannie, Esq.</p>			
<p>Date August 21, 2008</p>		<p>Telephone 781-622-5930</p>	
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			
<p><input checked="" type="checkbox"/> *Total of 1 forms are submitted.</p>			